

TOWN OF PINEVELLE
APPEAL AND VARIANCE

GENERAL APPLICATION

Application Number _____ Date _____

Permit or Relief Requested Appeal _____ Variance _____

Applicant's Name _____

Property Owner's Name _____

(If different From Applicant)

Applicant's Mailing Address _____

Property Owner's Mailing
Address _____

Applicant's Phone Number _____

Property Owner's Phone Number _____

Relationship of Property Owner To Applicant _____

Existing Use of Property _____

Property Location _____

Tax Map and Parcel Number (For Variance Applications Only)

The Following Information Shall Be Completed By Applicants Seeking An Appeal Of A Decision Made
By The Zoning Administrator:

Date Of Zoning Administrator's Decision _____

Summary Of Zoning Administrator's
Decision _____

Reason For Appeal Of Decision _____

The Following Information Shall Be Completed By Applicants Seeking A Variance:

VarianceSought _____

Reason For Seeking Variance _____

Request for variances shall be accompanied by a list of adjoining property owners and their addresses and a sketch plan. Said plan shall show in scaled form, the location and size of: (1) the boundaries of the lot(s) in question (2) the size, shape and location of all existing buildings, parking facilities and accessory buildings, (3) the size, shape and location of all proposed buildings, parking facilities and accessory uses (4) the location and type of screening and buffering proposed, and, (5) other information deemed by the Board of Adjustment Clerk to be necessary to consider the application. All completed applications shall be submitted to the Board of Adjustment Clerk at least thirty (30) days prior to the public hearing and shall be accompanied by a fee of \$350.00. Residential variances or appeals shall have a fee of \$150.00. Twenty (20) copies of site plan must be included.

Signature of Applicant

Date

Signature of Property Owner
(If different From The Applicant)

Date

Signature of Board of Adjustment Clerk

Date